COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ENCOUNTERS SUBMISSION STATISTICS - MONTHLY
03/01/2013 - 03/31/2013

Submission Type	Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
837I	INPATIENT XOVER	463	692	0	1,155	44	311
	OUTPATIENT XOVER	8,530	5,588	0	14,118	263	5,283
	HOME HEALTH	2,795	769	0	3,564	1,303	857
	INPATIENT	10,263	3,621	0	13,884	2,456	4,086
	LONGTERM CARE	112	26	0	138	112	0
	OUTPATIENT	113,665	14,301	0	127,966	13,278	36,705
Total		135,828	24,997	0	160,825	17,456	47,242
837P	HCFA 1500 XOVER	52,752	40,196	0	92,948	2,230	31,532
	HCFA 1500	644,735	144,343	0	789,078	90,455	322,320
Total		697,487	184,539	0	882,026	92,685	353,852
837D	DENTAL	49,635	314	164	50,113	3,372	26,734
Total		49,635	314	164	50,113	3,372	26,734
NCPDP	PHARMACY	1,510,411	374,577	28,670	1,913,658	18,511	115,655
	COMPOUND DRUG	4,767	3,635	104	8,506	282	381
Total		1,515,178	378,212	28,774	1,922,164	18,793	116,036
System Totals		2,398,128	588,062	28,938	3,015,128	132,306	543,864

Submitter ID: 58900010 Name: Kentucky Transportation Cabinet Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500	112,969	0	0	112,969	45,089	67,880
Totals	112,969	0	0	112,969	45,089	67,880

Submitter ID: 9900000695 Name: Passport Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	144	227	0	371	1	143
OUTPATIENT XOVER	1,462	1,667	0	3,129	74	1,388
HOME HEALTH	132	38	0	170	28	0
INPATIENT	254	318	0	572	34	34
OUTPATIENT	2,218	1,467	0	3,685	482	206
Totals	4,210	3,717	0	7,927	619	1,771

Submitter ID: 9900000695 Name: Passport Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	4,508	7,167	0	11,675	300	4,207
HCFA 1500	19,209	13,636	0	32,845	3,505	1,651
Totals	23,717	20,803	0	44,520	3,805	5,858

Submitter ID: 9900000698 Name: Passport Vision Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	526	195	0	721	41	485
HCFA 1500	5,741	544	0	6,285	163	2,479
Totals	6,267	739	0	7,006	204	2,964

Submitter ID: 9900003098 Name: Passport Pharmacy Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	110,870	77,196	3,637	191,703	323	1,074
COMPOUND DRUG	475	685	11	1,171	77	6
Totals	111,345	77,881	3,648	192,874	400	1,080

Submitter ID: 9900003099 Name: First Health Pharmacy Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	123,241	167,219	6,419	296,879	30	1,890
COMPOUND DRUG	443	1,054	18	1,515	11	3
Totals	123,684	168,273	6,437	298,394	41	1,893

Submitter ID: 9900004246 Name: MANAGED CARE OF NA OF KY LLC (PASSPORT DENTAL) Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	46	0	0	46	2	2
Totals	46	0	0	46	2	2

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	18,138	209	0	18,347	1,473	7,580
Totals	18,138	209	0	18,347	1,473	7,580

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	212	351	0	563	2	106
OUTPATIENT XOVER	4,806	3,273	0	8,079	77	1,983
INPATIENT	2,963	946	0	3,909	163	1,123
LONGTERM CARE	6	20	0	26	6	0
OUTPATIENT	35,784	4,444	0	40,228	2,167	12,708
Totals	43,771	9,034	0	52,805	2,415	15,920

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	25,056	20,368	0	45,424	912	6,054
HCFA 1500	223,674	49,817	0	273,491	9,666	51,315
Totals	248,730	70,185	0	318,915	10,578	57,369

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	728,636	0	15,436	744,072	15,478	44,079
COMPOUND DRUG	2,622	0	68	2,690	120	168
Totals	731,258	0	15,504	746,762	15,598	44,247

Submitter ID: 9900004317 Name: KENTUCKY SPIRIT HEALTH PLAN (MCO) Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	9,204	0	0	9,204	29	3,470
Totals	9,204	0	0	9,204	29	3,470

Submitter ID: 9900004317 Name: KENTUCKY SPIRIT HEALTH PLAN (MCO) Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	59	7	0	66	40	19
OUTPATIENT XOVER	1,376	51	0	1,427	99	1,186
HOME HEALTH	2,293	626	0	2,919	1,220	673
INPATIENT	4,314	1,542	0	5,856	1,808	1,625
LONGTERM CARE	106	6	0	112	106	0
OUTPATIENT	40,187	4,649	0	44,836	8,939	6,362
Totals	48,335	6,881	0	55,216	12,212	9,865

Submitter ID: 9900004317 Name: KENTUCKY SPIRIT HEALTH PLAN (MCO) Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	17,570	6,481	0	24,051	737	15,985
HCFA 1500	153,242	42,405	0	195,647	14,330	89,569
Totals	170,812	48,886	0	219,698	15,067	105,554

Submitter ID: 9900004317 Name: KENTUCKY SPIRIT HEALTH PLAN (MCO) Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	162,666	0	3,178	165,844	1,409	52,756
COMPOUND DRUG	434	0	7	441	56	149
Totals	163,100	0	3,185	166,285	1,465	52,905

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	7,669	65	0	7,734	130	4,113
Totals	7,669	65	0	7,734	130	4,113

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	7	10	0	17	1	2
OUTPATIENT XOVER	168	81	0	249	0	21
HOME HEALTH	170	52	0	222	36	3
INPATIENT	1,077	205	0	1,282	36	64
OUTPATIENT	18,991	1,835	0	20,826	1,201	1,433
Totals	20,413	2,183	0	22,596	1,274	1,523

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	83	73	0	156	0	32
HCFA 1500	8,506	3,726	0	12,232	481	5,591
Totals	8,589	3,799	0	12,388	481	5,623

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	384,998	130,162	0	515,160	1,271	15,856
COMPOUND DRUG	793	1,896	0	2,689	18	55
Totals	385,791	132,058	0	517,849	1,289	15,911

Submitter ID: 9900005016 Name: AVESIS Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	2,047	26	131	2,204	732	44
Totals	2,047	26	131	2,204	732	44

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Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	12,531	14	33	12,578	1,006	11,525
Totals	12,531	14	33	12,578	1,006	11,525

Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	41	97	0	138	0	41
OUTPATIENT XOVER	718	516	0	1,234	13	705
HOME HEALTH	200	53	0	253	19	181
INPATIENT	1,655	610	0	2,265	415	1,240
OUTPATIENT	16,485	1,906	0	18,391	489	15,996
Totals	19,099	3,182	0	22,281	936	18,163

Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	5,009	5,912	0	10,921	240	4,769
HCFA 1500	121,394	34,215	0	155,609	17,221	103,835
Totals	126,403	40,127	0	166,530	17,461	108,604

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